

## 2019 Medical Plan Coverage *At-A-Glance*

	Network	Non-Network
<b>Annual Deductible</b>	Single: \$1,250 EE+Child(ren): \$1,500 EE+Spouse: \$2,250 EE+Family: \$2,500	Single: \$2,250 EE+Child(ren): \$2,750 EE+Spouse: \$4,250 EE+Family: \$4,750
<b>Office Visits</b>	\$30 Copay	\$60 Copay
<b>Office Visits – Specialists</b>	\$40 Copay	\$80 Copay
<b>Inpatient Hospital</b>	80% of eligible charges	60% of eligible charges
<b>Outpatient Surgery</b>	80% of eligible charges	60% of eligible charges
<b>Emergency Room</b>	\$200 Copay	\$200 Copay
<b>Preventive Services</b>	100% of eligible charges	60% of eligible charges
<b>Medical Out-of-Pocket Maximum</b>	Individual: \$3,000 Aggregate Family: \$6,000	Individual: \$4,600 Aggregate Family: \$9,200
<b>Pharmacy Copay – Retail</b> <i>Up to 30-day supply</i>	Tier One: \$10 Tier Two: \$30 Tier Three: \$50	Tier One: \$10 Tier Two: \$30 Tier Three: \$50
<b>Pharmacy Copay – Mail Order</b> <i>Up to 90-day supply</i> <i>Required for maintenance medications</i>	Tier One: \$25 Tier Two: \$75 Tier Three: \$125	Tier One: N/A Tier Two: N/A Tier Three: N/A
<b>Specialty Pharmacy – Mail Order</b> <i>Up to 30-day supply</i>	Tier 4: \$75	Not Covered
<b>Pharmacy Out-of-Pocket Maximum</b>	Individual: \$2,000 Aggregate Family: \$4,000	Individual: \$2,000 Aggregate Family: \$4,000

**Note:** this at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.

The prescription drug formulary (covered drug list) is reviewed and adjusted throughout the year. In the event of formulary changes, impacted members will be contacted via mail by Optum RX. For the most current information about coverage for specific medications, please contact Optum RX by calling the number on your insurance card.